

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) For Our Future		FEC IDENTIFICATION NUMBER ▼ C C00620971	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee For Our Future Action Fund X		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 19 / 2016	
Mailing Address 888 16th St NW Ste 650		Amount 775.20	
City Washington	State DC	Zip Code 20006-4112	Transaction ID : VSG8M9R6QG7
Purpose of Expenditure Estimated Cost for Canvassing Services 8/19-8/21		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate HILLARY RODHAM CLINTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee For Our Future Action Fund X		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 22 / 2016	
Mailing Address 888 16th St NW Ste 650		Amount 152262.04	
City Washington	State DC	Zip Code 20006-4112	Transaction ID : VSG8M9RND75
Purpose of Expenditure Estimated Cost for Canvassing Services for 8/22-8/28		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate HILLARY RODHAM CLINTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	0

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Shirin Bidel-Niyat

[Electronically Filed]

Date

MM / DD / YYYY
08 / 24 / 2016

Signature